



New ☒ If new vendor, all fields must be completed
 Change ☐ If change, complete all information that will be updated in the current vendor file

Current Vendor Number

Expense Vendor Form

VENDOR NAME TAGNETICS, INC.		TYPE OF VENDOR: <input checked="" type="checkbox"/> EXPENSE <input type="checkbox"/> TRAFFIC (Code 7 vendor) (Traffic/Distribution Dept. Only)	
PRINCIPLE PRODUCT/SERVICE SMART RETAIL LABEL ELECTRONIC PRICE TAGS & SERVICES		Required for ALL New Vendors Expected Annual Volume: _____ If Greater than \$100,000 has IPG approved the negotiations? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation _____	
<input type="checkbox"/> Place vendor on hold <input type="checkbox"/> Remove vendor from hold Capable of transmitting/receiving data via EDI: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FUTURE DATE: IF NO - IS WEB ACCESS AVAILABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		VENDOR PAYMENT TERMS _____ % N _____ days Were these terms negotiated? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a contract? <input type="checkbox"/> YES <input type="checkbox"/> NO Terms default to 30 days unless otherwise specified.	
EDI CONTACT PERSON NAME: _____ PHONE: _____		VENDOR PAYMENT TYPE: <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> EFT <input type="checkbox"/> P-CARD <input type="checkbox"/> SEPARATE CHECK (SPECIFY REASON _____)	
VENDOR CLASS: (Check one option) <input type="checkbox"/> Miscellaneous (MIC) <input type="checkbox"/> Medical (MED) <input type="checkbox"/> Rent (RNT) <input type="checkbox"/> Payroll (PAY) <input type="checkbox"/> Zero Terms (ZER) <input type="checkbox"/> Utility (UTL) <input type="checkbox"/> Tax <input type="checkbox"/> Third-Party (TP) <input type="checkbox"/> WBA		PAYROLL DEPARTMENT ONLY (All other vendors should not N/A) Vendor Pre-fix: _____ Payroll Code: _____	
Address Information			
COMMERCE ADDRESSES	Name:	TAGNETICS, INC.	Area Code & Phone No.: 847-913-3630
	Address:	3415 O.S. 36	Web Site Address: TAGNETICS.COM
	City:	PIQUA	State: OHIO Zip: 45356
	Contact:	LOU FERNANDEZ	Fax No.: _____
RETAIL ADDRESSES	Name:	TAGNETICS, INC.	Area Code & Phone No.: 847-913-3630
	Address:	675 LAKEVIEW PARKWAY #6152	Web Site Address: TAGNETICS.COM
	City:	VERNON HILLS, IL	State: IL Zip: 60061
	Contact:	LOU FERNANDEZ	Fax No.: _____
	Name:	TAGNETICS, INC. % COMPASS MARKETING	Area Code & Phone No.: 410-268-0030
	Address:	222 SEVERN AVE.	Web Site Address: iosmartretail.com
	City:	ANNAPOLIS, MD	State: MD Zip: 21403
	Contact:	JOHN WHITE	Fax No.: _____



**Expense Vendor Form**

TAXPAYER LEGAL NAME: <u>TAGNETICS, INC</u>		I.D. Number (Complete only one) Federal Employer No. <u>20 0173720</u> OR Social Security No. (Only if individual) <u>20-0173720</u>
ENTITY TYPE (Check One): <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> A SOLE PRO-PRIETORSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT / REGULATORY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> OTHER - EXPLAIN		
NAME & TITLE OF PERSON SUPPLYING TAX INFORMATION <u>LOU FERNANDEZ, CFO</u>		
SHOULD THE VENDOR RECEIVE AN IRS FORM 1099 FROM RITE AID <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

CONTACT PERSON RESPONSIBLE FOR VENDOR ON THIS APPLICATION:

The contact person may be contacted by any of the required approvers with questions relative the application of the vendor.

Please print legibly

Name:	Extension:	Email Address:
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Do you want to be notified upon completion of new vendor set-up / change?

☐ YES☐ NO

If yes, the contact person will be notified. If another person is to be notified, please print the name, extension and e-mail address:

Please print legibly

Name:	Extension:	Email Address:
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New Vendors**Required Document:**

-IRS Form W-9 (with the exception of government agencies, Tax, Third Party, and Payroll related vendors)

Suggested Documents:-Contract
-Invoice**Existing Vendor Changes****Required Documents:**-Invoice
-Vendor request letter/email/correspondence**Return completed application to aprocessperf@riteaid.com and invoices to expenseap@riteaid.com****MANAGEMENT APPROVAL (PRINT NAME HERE & SIGN BELOW):**

MANAGEMENT OF REQUESTING DEPARTMENT (MUST BE DIRECTOR LEVEL OR ABOVE)

NAME:	TITLE:	DATE:
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A/P PROCESS PERFORMANCE APPROVAL:

SENIOR ANALYST A/P PROCESS PERFORMANCE or above

NAME:	TITLE:	DATE:
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TREASURY APPROVAL:

TREASURY PROCESS MANAGER	DATE	
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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TAGNETICS, INC.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 3415 U.S. 36	Requester's name and address (optional)
6 City, state, and ZIP code PIQUA, OH 45356	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

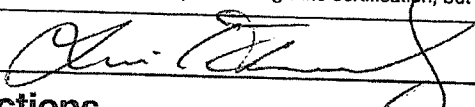
Social security number								
			-				-	
or								
Employer identification number								
20	-	01	73	72	0			

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 7/19/19
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.